

FILED FEB-25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7160

State File No. ~~7160~~

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u> Registrar's No. <u>418</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Olivette</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Olivette</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Elmwood Avenue</u>			d. STREET ADDRESS (If rural, give location) <u>Elmwood Avenue</u> <u>438</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Catherine</u>		b. (Middle) _____		c. (Last) <u>Klein</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 15 1950</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Mar. 10, 1863</u>		9. AGE (In years last birthday) <u>86</u> IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Olivette</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Henry Appel</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Deuser</u>	
14. NAME OF HUSBAND OR WIFE <u>Jacob J. Klein Decd.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Estella Klein Clayton, Mo. R#2 Box 466</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Myocarditis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>3 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>6-8-</u> , 19 <u>35</u> , to <u>2-15</u> , 19 <u>50</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:15</u> Am., from the causes and on the date stated above.					
23a. SIGNATURE <u>Herbert R. Doonkema</u>		(Degree or title) _____		23b. ADDRESS <u>96 21 Railroad Rd</u>	
23c. DATE SIGNED <u>2-16-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-18-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls Ev. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Olivette, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Boumann Brothers Inc</u>	
DATE REC'D BY LOCAL HEALTH OFFICE <u>FEB 16 1950</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Doonkema</u>		ADDRESS <u>2504-Woodson Rd-Overland-14-Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 3450

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3454

P. O. Address Overland 14, 9

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.